Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	7
Participant's Name:	Aida E. Aviles Collaro
Participant's Address:	#2 Jardines de Organde as Vegalaja PR 00693
Participant's Email Add	ress:
Name of Counsel: —	
Address of Counsel:	
Email Address of Couns	sel:
2. Participa	nt's Claim number and the nature of Participant's Claim:
Claim Number:	156209 - 5 8 8
Nature of Claim:	Romesa III - Commen wealth deRP.
By: Olda &	Quily College 200 0
Signature	POTO TO AND THE POTO TO AND ADDRESS OF THE POTO TO AND ADDRESS OF THE POTO TO THE POTO TO ADDRESS OF THE POTO TO THE P
AidaE	Avilés Collazo
Print Name	7/ La - 1/2
Title (if Participa	ant is not an individual)
8/10	12.1
Date	

Como les dije anteriormente deben evaluar mi caso, se que me deben mas omens Azo, voo, los necesito, soy de la tercera edad (83 pers) y vivo sola con mis deudas.

Gracia 5 ach Del Callyo Desc: 7020 0640 0001 2584 4317 3: 22 RECEIVED & FILED 如此的 Je 00918-1767 00918

1.

Date

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: VIER E. PROBRIGUEZ PROBRIGUEZ Participant's Name: URB. PALQUE DEL MONTE LL-19 CALLE URAYOM Participant's Address: CAGUAS P. R. 00727 Participant's Email Address: emrojane 12 Damail. com NO Name of Counsel: NO Address of Counsel: NO Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Print Name NO Title (if Participant is not an individual)



Participant must provide all of the information below in English:

1. Participant's confidence if any:	ontact information, including email address, and that of it	s counsel,
Participant's Name:	Elaine Torres Pèrez.	
Participant's Address:	HC 5 Box 56769 Aguadilla, P.R. elainetope 3 @ hotmail-com	00603
Participant's Email Address:	elainetope3 @ hotmail-com	
Name of Counsel:	No	
Address of Counsel:	No.	
Email Address of Counsel:	No	
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	17 BK 3283-LTS.	8
Nature of Claim:		
By: Plaine Torre	hos .	×
Signature		-
Elaine Torre	S PCIEZ	RECEIVED
Print Name	ANSI AG	
	= 200	03
Title (if Participant is a	not an individual)	ρ <sub>e</sub>
August 9,2	2021	& FILE
Date	2	

Elaine Toms Pins HC 5 BOX 56769 Aquadilk, PR. 00603

Discovery Notice to the Court's Clerk's office at: Inited States District Court, Clark's Office 150 Ave. Carlos Churdon Ste. 150

San Juan, P.R. 00918-1767



Participant must provide all of the information below in English:

<ol> <li>Participant's if any:</li> </ol>	contact information, including email a	ddress, and that of its counsel,
Participant's Name:	Julia D. Rodrigue	ezTorres
Participant's Address:	Urbanización Ana Ponce P.R. 00716	aida Calle Eclipce
Participant's Email Address	:	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:	. II	
2. Participant's	Claim number and the nature of Partic	cipant's Claim:
Claim Number:		
Nature of Claim:		121 REC
By: Julia & K. Signature	oderjug Jorres	ANG 13
Tulia D. Ro Print Name	driquer Torres.	PH 3: 2
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Title (if Participant i		
0808/20 Date	21	
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D. Rodriquer ixlos Charbon Ste 150 Juar, O.R. 20918 - 1767

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#### Case:17-03283-LTS | Doc#:17844-1 | Filed:08/16/21 | Entered:08/16/21 12:02:37 Pro se Notices of Participation Page 10 of 118

Participant must provide all of the information below in English:

1. Participant's confirmant if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Hector Pacheco Santiago
Participant's Address:	Hector Pacheco Santiago Urb Alta Vista 017 Calle 16 Ponce, P.R. 00716-4265
Participant's Email Address:	aluisa esther a gmail. com
Name of Counsel:	Lic. Alberto Aresti Franceschini
Address of Counsel:	Lic. Alberto Aresti Franceschini Suite 1109 Edif- Unión Plaza 416 Ave. Ponce de León Hato Rey P.R. 00918 Tel. (787) 751-5740
Email Address of Counsel:	a. Alak.
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	53597
Nature of Claim:	Salary Adjustment
By: Harty Packers. Signature	Soutiago
	ot an individual)
Title (if Participant is n	ot an individual)
10 de agosto de Date	e 2021 3 E

P.R. 00716-4265

50 Auc Carlos Chardón Ste. 150 Inited States District Court San Juan P.R. 00918 - 1767 Office

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#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 12 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Manuel Jimenez Cruz
1 attopant 5 1 tanto.
Participant's Address: Urb Monte Brisas ExT 5 SE# OHOUSE# 5K-13 Fajardo Puerto Rico 00738
Participant's Email Address:  VC. 7/ a hot mail Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 170615
Nature of Claim: Pay raise by Gov. Romero Barceló never awarded
By: Manue amency Cruz
Signature
Manuel Jimenez Guz
Print Name
Figure 1
w C
Title (if Participant is not an individual)
August 11th, 2021
Date

San Juan P.R. 00918-1767

Ave, Carlos Chardon Ste. 150

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# Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 14 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	The state of the s
Participant's Name: Avacely	Vazquez Leotó
Participant's Address: Hc 02	Box 4065 Guayama P.R. 0078
Participant's Email Address:QYQCCIYVQ	12quez 44@ yahoo-com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number ar	nd the nature of Participant's Claim:
Claim Number:	SECOND DE LA COLLANDO
Claim Number:  Nature of Claim:  By: Signature  Avacely Varguez Leofo  Print Name	SAN DESTRICT COURT

Suayama P.R. 00784-8527 AUG 13 U.S. DISTRICT COURT

United States District, court, clearles office San Juan P.R. 00918-1767 150 Ave. Carlos Chardon Ste.

SAN JUAN PR 009

Arracely Vazquez

600

4002 BOX 4065

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#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 16 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name:     Mark G- Vernonds Soulona   Participant's Name:   Participant's N
Participant's Address: (alle 20 AB-9 Villes de Rio Lhoule, P.R. VI
Participant's Email Address: Wallyhernandez DOO gmail
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 141683 4 155526 5 7
Nature of Claim: 111 Salames impages == == ==
home the Manufactor Anthron
By: Signature
Print Name
Title (if Participant is not an individual)
11/hanctol21
Date

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#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 18 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:					
Participant's Name:	Adrian	Reyes	CYUZ		
Participant's Address:	HC-01 BO			az PRO	0793
Participant's Email Address:	ar 5204	258@gn	nail. com	1	
Name of Counsel:	0	_		D 1	
Address of Counsel:					
Email Address of Counsel:	(N)	2 ° " +_			
	Claim number and	the nature of P	articipant's Clai	m:	
Claim Number:	169/9/				
Nature of Claim:	Public Er	nployee	dains	6 //	
By: Advian Rever	B CYUZ			2021 AUG 13 PN 3: 3 DISTRICT COUR SAN JUAN. PK	RECEIVED & FILE
Title (if Participant is Date $\frac{12/8/202}{202}$	not an individual)			23	C)

Admon heyes chuz Hc-01 Box 46 18 Juana Diaz P.D. Do795

050,000,1700,000,000

Office 150 Ave. Cay los Chardon Ste. 150 San Juan, P.R. 00918-17.67

DISCONORMANT SOLVENTY.

#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Pro se Notices of Participation Page 20 of 118

Participant must provide all of the information below in English:

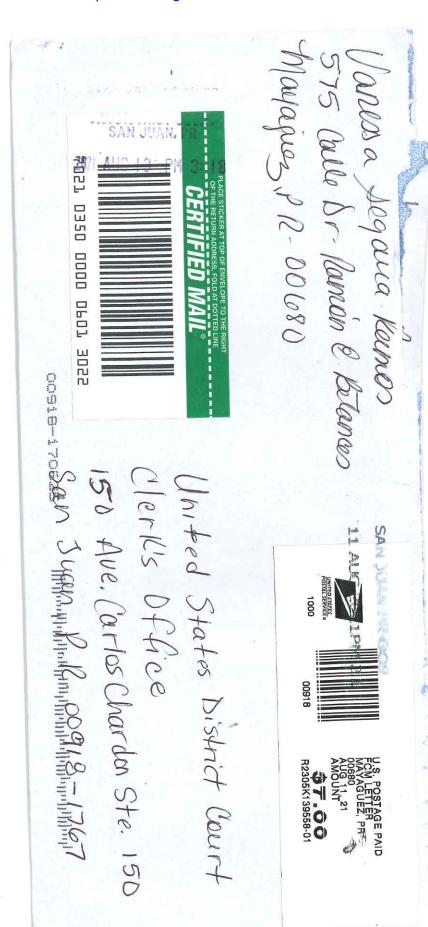
1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Vanessa Segarra Ramos
Participant's Address: 575 Calle Dr. Ramon & Betances
Participant's Email Address:
Name of Counsel:
Address of Counsel: $\mathcal{U}/\mathcal{A}$
Email Address of Counsel: W/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 26 863
Nature of Claim: Pension   Retiree
By: Vanessa Sejana Reim
Signature Company of the Company of
Vanessa Sagarra Ramos Print Name
Title (if Participant is not an individual)
11 agosto -2021
Date



### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Pro se Notices of Participation Page 22 of 118

Participant must provide all of the information below in English:

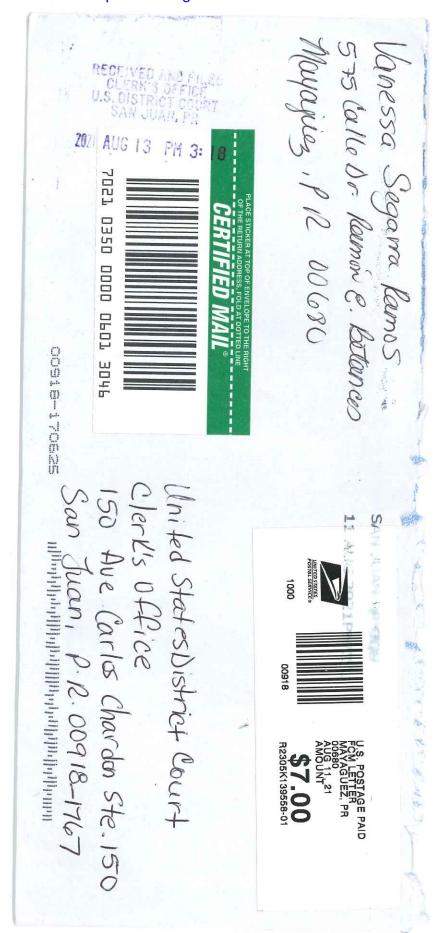
<ol> <li>Participant's contact information, including email address, an if any:</li> </ol>	nd that of its counsel,
Participant's Name: Vanessa Segarra Ra	moS
Participant's Address: 575 Calle Dr. Ramon & Betar	nces, Mayaquez, P.R.
Participant's Email Address: Cims. vsr2@gmail-com	
Name of Counsel:	escolif Statuta visuali
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Cla	nim:
Claim Number: 24863	
Nature of Claims Pension / Retire	ree
By: Vaxessa Lojava Rams Signature	THE U.S. C.
Vanessa Segarra Ramos Print Name	SAN J
Time Name	
Title (if Participant is not an individual)  August 11 2021	© 25 15 15 15 15 15 15 15 15 15 15 15 15 15
Date	



#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Pro se Notices of Participation Page 24 of 118

Participant must provide all of the information below in English:

<ol> <li>Participant's contact information, including email address, and that of its if any:</li> </ol>	counsel,
Participant's Name: Vanessa Segarra Ramos	. 7-15
Participant's Address: 575 Calle Dr. Ramon E. Betances, Me	Macries P.R.
Participant's Email Address: Cims. VSr2 @ amail.com	00080
Name of Counsel:	a
Address of Counsel: \(\nu / A\)	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 26863	
Nature of Claims Pension/Retiree	di .
By: Juliusa Lozaura Parr Signature	Washing Ca
Vanessa Segarra Ramos	200 E
Print Name	
Title (if Participant is not an individual)	
Date Phigust 11, 2021	<b>6</b>



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Jose M. Melendez Ortiz Participant's Name: Box 334 Waguabo P. R. 00718 Participant's Address: Participant's Email Address: Jose indendez ortiza quail-com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

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BOX 34 Nacuabo

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luited states district Court, Lenck is office,
150 Ave. Carlos Chardon Ste. 150,
San Juan P.R. 20918-1767





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Brunilda lorres Kivera
Participant's Address: P.O. Box 549, Villalba, P.R. DD766
Participant's Email Address: + orrespruny 969 6 gmail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LT5
Nature of Claim: Incentive Law 89
By: Bruilda Jorren Euera
Signature
Brynida lorres Hivera
leacher = 1
Title (if Participant is not an individual)
August 9, 2021 Date

Brunilda Torres Kivera
P. D. Box 549
Villalba, P.R. D0766

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United States District
Court, Clerk's Office, 150
Ave. Carlos Chardon Sta 150
South Mindin Ring On District

#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 30 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Claim Number:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

# 51657

Nature of Claim:

I have not received a salary increase.

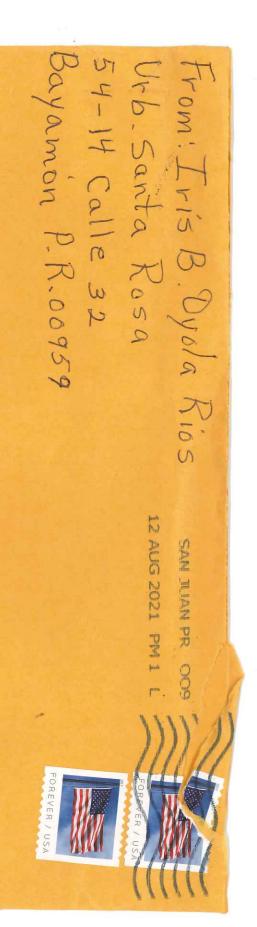
By:

Participant's Claim Number and Riss

Signature

Participant is not an individual)

Participant is not an individual)



6: United State District Court San Juan P. R 00918-1767 150 Ave. Carlos Chardon Ste. 150 lerk's Office,

SAH JUAN. PR

00918-170828

## Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 32 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	0'
Participant's Name:  Brenda Ri	
Participant's Address: Urb. Fair View N. 1	8 Calle 21 San Juan P.R 0092
Participant's Email Address: brendarivera mo	ail@gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	es ( 4 f ·
Claim Number: Case No. 17-  Nature of Claim: Employees Petireme	ont System of the Government of Puerto Pico
By: Signature Brenda Rivera-Perec	U.S. DIISTR
Print Name	PH 3:
Title (if Participant is not an individual)  Augus + 12, 2021	03
Date	

San Juan, P.R. 00924-8111

150 Ave. Carlos Chardon Ste. 150 San Juan, P.R 00918-1767

00918-170625

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#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 34 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	_ ^ _		1	
Participant's Name:	Enio R Ha	rrero k	bodrigue z	
Participant's Address:	050 Ave Las Palmas			Sohie 863
Participant's Email Address: _	enio marrero (	2 smail.	com	7777
Name of Counsel:				
Address of Counsel:				K 0
Email Address of Counsel: _	result.			
2. Participant's Cla	aim number and the nature	of Participar	nt's Claim:	
Claim Number:	73669	181-1341X	- Tayana	
Nature of Claim:	Pension / R	etine	claims	10-1-1
By: En Kya F	Q			
Signature	01/			
Print Name	Ro driguez			U.S
nor, and Malder Car			AUG	SAN SAN
Title (if Participant is no	ot an individual)		w w	TRICAN AND AND AND AND AND AND AND AND AND A
12-Equi	6.2021		ب م	FIGE PR
Date				4 5

150 Ave Corlos Chardon Ste. 150

-. P.R 00918-1767



Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc:

Pro se Notices of Participation Page 36 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

if any:		
Participant's Name:	Ariana Vazquez Benit	es
Participant's Address:	PD Box 513, Sibonito, PR DO	765
Participant's Email Address:	arivazbengz@gmail.com	p x
Name of Counsel:		القيايات
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	17 BK 3283-LTS	W1 2 5
Nature of Claim:	Promesa Title III	lagistic
By: Signature  Ariana Vaza Print Name  Title (if Participant is	not an individual)	U.S. DISTRICT COUR SAN JUAN, PR
August /2 Date	2021	3 7 6

SRTA ARIANA VÁZQUEZ BENÍTEZ PO BOX 513 AIBONITO, PUERTO RICO 00705

SAN JUAN PR 009

12 AUG 2021 PM 1



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150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, PUERTO RICO 00918-1767

CLERK'S OFFICE

UNITED STATES DISTRICT COURT

RECEIVED AND FILL CLERK'S OFFICE U.S. DISTRICT COUR SAN JUAN. PR

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Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Pro se Notices of Participation Page 38 of 118

Participant must provide all of the information below in English:

1.	Participant's co	ontact informat	ion, including emai	l address, and that	of its couns	sel,
Participant's l			Vasques			
Participant's			513, Abo		00705	_
Participant's l	Email Address:	ariel yazq	uez colom@ho	tmail·com		
Name of Cou	nsel:					
Address of Co	ounsel:					
Email Addres	s of Counsel:					
2.	Participant's C		nd the nature of Par			
Claim Number	er:	17 BI	K 3283 - L	15		
Nature of Cla	im: Pro	omes Ti	the 111		9 1	
By: Signa	ul Voig	Calan	-			
Ar Print	iel Vara	uez Color	n		AUG	U.S. DIS
					<u></u>	
Title	(if Participant is	not an individu	ual)		ည္	ROOF
Date	ugust 12,	2021	· · · · · · ·		200	77

AIBONITO, PUERTO RICO 00705 PO BOX 513

SR ARIEL VÁZQUEZ COLOM

CLERK'S OFFICE UNITED STATES DISTRICT COURT 150 AVE. CARLOS CHARDON STE. 150

SAN JUAN, PUERTO RICO 00918-1767

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### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 40 of 118

Participant must provide all of the information below in English:

1. Participant's contact information if any:	n, including email address, and that of its counsel,
Participant's Name:	
Participant's Address:	A LE CONTROL OF THE PARTY OF TH
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the Claim Number: PROMESA TITLE.  Nature of Claim: Prexto Rico Electronic President Presiden	III NO. 17BK 32-83-LTS  DIE POWEN ANTHONITY  CASE NO. 176K-04780
By: Signature	CASENO. 176K-04780
Print Name  PRESI DEST	AND
Title (if Participant is not an individual)	
Date 2021	3 PR COUNTY
nstructions for Filing Notice of Participation: I	f voll are represented to

Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Pro se Notices of Participation Page 41 of 118

PUERTO RICO MECHANICAL PRODUCTS, INC PO BOX 195121. CLEISAN JUAN, PUERTO RICO 00919-5121 U.S. DI

TEL. (787) 617-2411

E-mail: prmdra@outlook.com

ZET AUG 13 PH 3: 03

### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 42 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	=	
Participant's Name:	·	
Participant's Address:	* & = =	
Participant's Email Address:		
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:	- p	
2. Participant's Claim number  Claim Number: PROM  Nature of Claim: Pvento R	ESA TITLE I	TI NO. 17BK.3283-C7 AMMUTY D. 17-6K-04780
By: Signature) Kuruco Aula Perie	CASEM	D. 17-6K-04780
Print Name  **NestDew**  Title (if Participant is not an individual)		NECEIVED J CLERK'S U.S. DISTRI SAN JU
S//2/2021	uai)	3 PM
Date	_	S: C

PUERTO RICO MECHANICAL PRODUCTS, INC

SAN JUAN, PUERTO RICO 00919-512U.S. DISTR PO BOX 195121

E-mail: prmdra@outlook.com

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### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 44 of 118

Participant must provide all of the information below in English:

if onve	ontact information, including email address, and that of its counsel,
Participant's Name:	Martinez Homs, Natalia POBOX 144100 PMB 253 arecibil natalia_mhoms a yahoo. com
Participant's Address:	POBOX 144100 PMB 253 arecibil
Participant's Email Address:	natalia_mhoms a yahoo. com
Name of Counsel:	
Address of Counsel:	# # # # # # # # # # # # # # # # # # #
Email Address of Counsel:	see Sol
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17BK 03283-LTS
Nature of Claim:	Salary increase not granted
By: Matalia M	arting/ Jours
Signature	SAN DISTER
/\frac{/\frac{1}{2}}{2} Print Name	3 CRIS OF OF OR
	PM 3. COURS
Title (if Participant is	not an individual)
august 1	1,2021
Date v	

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## Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 46 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Justiniano Rodríguez
Participant's Address: Box 145 morovis P.R. 00687
Participant's Email Address: QNav 13777 Dg mail . Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LTS
Nature of Claim:
By: Turkrygra Rodriguez
Justiniano Rodriquez
Print Name
Title (if Participant is not an individual)
The far a management to the man and a man and a man a
Date

Justiniano Radriguez morovis p.R.

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### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 48 of 118

Participant must provide all of the information below in English:

1. Participant's co	ontact information, including email address, and that of its counsel,
if any:	
	Brenda Muriz Osorio
Participant's Name:	Drevide votocina com
Participant's Address:	Urb Quintar de Dorado, Calle Higero X-9, Dorado
Participant's Email Address:	Pierto Rico 00646
Name of Counsel:	Old the Councel that are working with the
Address of Counsel:	- 0 case
Address of Counsel.	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	We reclaiming a money that not paid for many years to the teachers of Department of Education of Prento Rico.
Natura of Claims	We reclaiming a money that not part for many
Nature of Claim:	Of Pronts Rico.
By: Breda 15	So rection to
Signature	
Brenda Mi	iniz Osorio
Print Name	The same of the sa
Teacher of th	not an individual) Prento Rico
Title (if Participant is	not an individual) Werto KIW
August	12 ,2021 3. PROSE
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### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 50 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Address: HC-3 BTV 7917 Las Pidras Plox
turtiorpant of rearross.
Participant's Email Address: <u>Jeannette</u> , Plores a gmail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim;
Claim Number: $\frac{17-03283}{178723}$
Nature of Claim:
By: Gregorio Velazquez Mojica
Signature Gregorio Velarquez Mojica  Print Name
Gregorio Velazguez Mojica
Megorio Velozquez hojica
Title (if Participant is not an individual)
8-12-2021
Date

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#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 52 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Jorge Figueroa Medina Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Title (if Participant is not an individual) August 10- 2021 Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re

Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

GUNYAME P.N. 60 784 RR1. BOX 6508 Z021 AUG 13 PM 3: 02 United. States District Son Jun F. R. 00 918-1767 TO SEE SEE SEE SAN JUAN PR 009

### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 54 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Ivelisse Sánchez Figueroa Participant's Name: Urbanización Lomas de Trujillo, J-6 Calle 8, Trujillo Alto, PR Participant's Address: sanchezivelisse@yahoo.com Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Confirmation 2. Claim Number: 158403 POBAD 7369 [CS##4014#CF] Date 8/10/2021 Nature of Claim: Print Name Title (if Participant is not an individual) Date

PM 3: 02

Calle 8, 125:110 AHD, P.A. 00974 Urb. Lamos de Trusilla, Tuelisse

SAN JUAN PR 009

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EI SINV 5120 Juny , 7. R. DO9/8-1767 United States District court, clerks's Office, 150 Ave. Carlo chadu ste. 150,

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Participant must provide all of the information below in English:

1. Particip if any:	ant's contact information, including email address, and that of its counsel,
Participant's Name:	Esmeraldo Correa Figueroa P.O. Box 1976 Yabucoa, P.K. 00767
Participant's Address:	P.O. Box 1976 Yabucoa, P.R. 00767
Participant's Email Ad	dress:
Name of Counsel:	
Address of Counsel:	
Email Address of Cour	nsel:
	ant's Claim number and the nature of Participant's Claim:
Claim Number:	No. 17-3283
Nature of Claim:	No. 17-3283 Puento Rico, Promesa
By: *Emele	he Celes
Nionattire	do Correa Figueron
,	pant is not an individual)
Date Date	St. 2021  AND FRICE COURT OF THE STREET OF T
must be filed electronic of Intent to Participate Commonwealth of Pue system on or before the instead mail this Notice	g Notice of Participation: If you are represented by counsel this Notice cally with the Court on the docket using the CM/ECF docket event Notice in Discovery for Commonwealth Plan Confirmation, in <i>In re</i> certo Rico, Case No. 17 BK 3283-LTS, through the Court's case filing e applicable deadline. If you are not represented by counsel, you may be to the Court's Clerk's Office at: United States District Court, Clerk's os Chardon Ste. 150, San Juan, P.R. 00918-1767.

Jabucon, P.E. 00767

San Juan, P.K. 00918-1767 (arlos

SAN JUAN PR 009

## Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 58 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii any.
Participant's Name: Francisca Perez-Mañoz, Esq.  Colinas Metropolifanas  Colinas Metropolifanas
Participant's Address: Colinas Metropolifangs
Participant's Email Address: paquetapeter, 1959 9 outlook - Com.
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: <u>F 4712-44143</u>
Nature of Claim: Employees Retirement System of the Gorten
By: Francisesburgs
Signature /
Print Name
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Title (if Participant is not an individual)
Au 9467 8, 2021
Date



## Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 60 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Enic Aleman ? Participant's Name: Participant's Address: Participant's Email Address: \_ Whocase 2000 e Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Employees Retinement Systems of the By: Signature Print Name Title (if Participant is not an individual) 30x + 12, 2021

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### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 62 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Blonca Rowiner Soto
Participant's Address:	Hc 2 Box 24323, Son Sebostion, PR 00685
Participant's Email Address:	blancaramirez - Mm @ hot Moi L. Com -
Name of Counsel:	SAN BETWEEN
Address of Counsel:	and a second
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	# 158759
Nature of Claim:  By:  Signature	Debts Claimed Depostment of Education
Print Name  Selfappice Title (if Participant is  B/11/2/ Date	

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HC 2 BOX 243239
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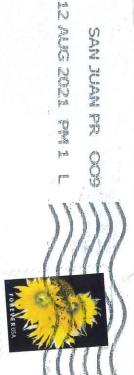
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NOTICE TO THE COURT'S CLERK'S OFFICE AT: UNITED STATE DISTRICT COURT, CLERK'S OFFICE



### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 64 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:

2000 - Section 2 200	
Participant's Name:	Blanca Ramirez Soto
Participant's Address:	He 2 Box 24323, Sol Sebestion, PR 00685
Participant's Email Address:	blancarayirez MM @ hot mail. Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Nature of Claim: By: Signature	Dests Claimed De past ment of Flances + Pan  Sh  Sh  Sh  Sh  Sh  Sh  Sh  Sh  Sh  S
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### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 66 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Date

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

159287

Pattend Participant's Claim:

Debts Claimed Deposit Ment of Counsel:

By:

Signature

Blonca Rominer

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### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 68 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: blanca rami Re Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Date

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### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 70 of 118

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Planca Ramagez

Print Name

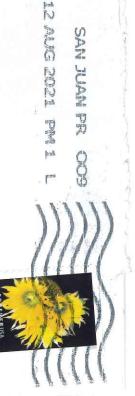
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NOTICE TO THE COURT'S CLERK'S OFFICE AT: UNITED STATE DISTRICT COURT, CLERK'S

OFFICE 150 AVE . CARLOS CHARDON STE. 150 SAN JUAN, PR 00918-1767



Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 72 of 118

Participant must provide all of the information below in English:

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	s contact information, incl	luding email address,	and that	t of its	s coun	sei,
if any:	Dignal A. Vale	rate Navia				
Participant's Name:	Migray 11. str	adu Marin	2016	TO		
Participant's Address:	(bliras de San Je	en Edif-H Apti	MIN	PI	000	124
Participant's Email Address	s: Miguelselgado 4.	30 2 yahao . (1	om			
Name of Counsel:	-	l.				
Address of Counsel:						
Email Address of Counsel:		The state of the s				
2. Participant's	Claim number and the na	ature of Participant's	Claim:			
Claim Number:	-					
Nature of Claim:	Λ					
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United States District (our)
So Ave Carlos Chardon
Ste. 150 DR 01918, 1767



### Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its couns if any:	el,
Participant's Name: Rafael García García	
Participant's Address: 5 H 15 Calle 8 Urb. Monte Brisas Fajardo, P. R. 00738	5
Participant's Email Address:	
Name of Counsel: $\frac{\gamma}{a}$	
Address of Counsel: \(\frac{1}{2}\)	
Email Address of Counsel: Sha	-
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 159750	
Nature of Chaim: Empleados publicos - pensión / jubila de Reservativa Signature  Refael García García García  Print Name  Title (if Participant is not an individual)	RECEIVED & FILED
8/10/2021 Date	
Date	

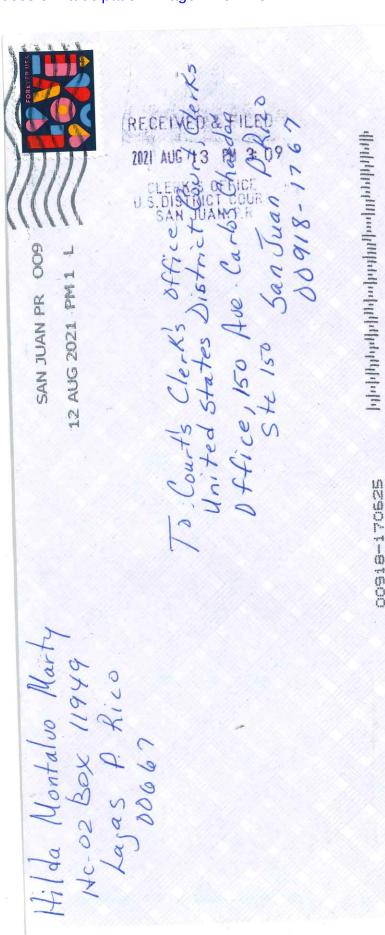
2021 AUG 13 CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, P.R. 20738 12 AUG 2021 PM 1 SAN JUAN PR 009 Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 76 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Hilda Montalvo Marty	
Participant's Address:	HC- 02 Box 11949 Lajasf	PRICO 00667
Participant's Email Address:		
Name of Counsel:		
Address of Counsel:		100
Email Address of Counsel:		Ing. 16.7.
Claim Number:  Nature of Claim:  By: Kelcla M	Public employee sola in talvo Marty  anotan individual)	RECEIVED & FILED
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### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 78 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Joselyn Nonette Carrasquillo Rivera
Participant's Address:	UID. Giodad Jardin #46, Calle del Rio, Canoranas, P.R. DUTZ
Participant's Email Address:	jocelyncarrasquillo@hotmail.com
Name of Counsel:	NIA
Address of Counsel:	N(+
Email Address of Counsel:	A STATE OF THE STA
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	85181
Nature of Claim:	Pension Retirce
By: Malb	
Signature	
Joselyn N. Grras	squ'lla Rivere
1 Time 14ame	
Title (if Participant is	not an individual)
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Joselyn Wanette Graguits Knen Urb. Cinded Jardin #46 Calle del Rio Canonanas, P. P. 00725

So Ave. Carlos Chardon Ste 150 5

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

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Participant's Claim:

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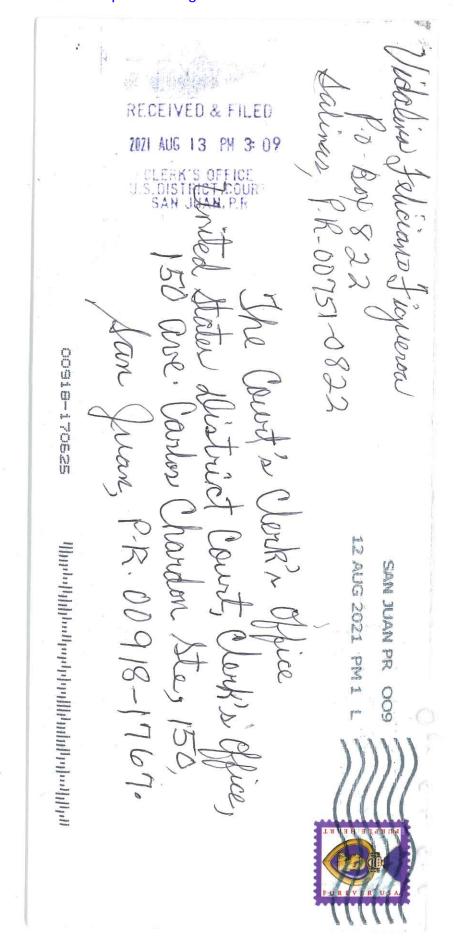
<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Title (if Participant is not an individual)

Ronald U Miller, Jr PANCE PR 00728 COOLET TORNE Clerk's office 150 Ave. Carlos Chardos Son Jun PR 00918-176 The state of the s 1000 00918

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: VIDALINA FEIGAND FIGURE OR AND FIGURE
Participant's Address: Po-Box 822-5aling5,1,60°/5/
Participant's Email Address: Don't Have Email
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
F11010-1045-02
Claim Number:
Nature of Claim: StEPS I didn't receive White
By: Vidalina Feliciano Working as a reacher
Signature
VIDALINA Peliciano
Print Name
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Date
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#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 84 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: s Delives 2, 3786 Colle Quavins, Povethoon Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Frament System Boud Lases Nature of Claim: By: Signature Title (if Participant is not an individual) Date

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SAN JUAN. PR

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Muited States Swithing court cherk's office was Ste. 150 1717 150 dre. chardon Ste. 150 127



# Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 86 of 118

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Gold. Miel 1833, Galle victor Brieser, April 8,55, P.R. 00911 Participant's Name: Participant's Address: Participant's Email Address: avial Jaulet & gusil. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 44651 MMLLD: 960291-P SVC: ADSHN-0 Claim Number: Nature of Claim: By: Signature Arrel Adet Lebrois Print Name Title (if Participant is not an individual) 11d Mosts d 2021

Me victor Brisser 19918.8

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CLERK'S OFFICE
U.S. DISTRICT COUR
SAN JUAN, PR

Discovery Notice to the court's clerk's office 1st:

United states District Court, clerk's office

150 Auc. Course Chardon ste. 150

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# Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 88 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Heidemant Sancher Teres
Participant's Address: 6 Vista del Sol Cabo Rojo, P.R. 006
Participant's Email Address: Heidiemaries Pagmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 2705% E B B
Nature of Claim: Employee Retirement System (PRHFA)
By: Signature  Lei Lieman Sanches Terro
Print Name
Title (if Participant is not an individual)  08/09/21  Date

Heidiemarie Sánchez Pérez 6 Vista Del Sol Cabo Rojo, PR 00623

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United States District Court,
Clerk's Office, 150 Ave. Carlos Chardon
Ste. 150, San Juan, P.R.00918-1767

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### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 90 of 118

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and if any:	d that of its counsel,
	urda
Participant's Address: 201 cars. 729, Cidra, P. R.	
Participant's Email Address: Zoraida 7 morales @ gmail.	com
Name of Counsel:	
Address of Counsel:	The second section is a second second
Email Address of Counsel:	Andrew State
2. Participant's Claim number and the nature of Participant's Claim	aim:
Claim Number: 176273	0 101
Nature of Claim: Public Employer Claims and	Kension / Retiree Class
By: Heraid Morals Figueroa	
Signature	
Zoraida Morales Figueroa Print Name	, U.S.
	REC
Title (if Participant is not an individual)	E L
August 10, 2021	ACCO B



#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 92 of 118

Participant must provide all of the information below in English:

1.		contact information	, including emai	I address, and tha	it of its c	ounsel,
	if any:	1 11/1	(1)	0	1 11	
Participa	nt's Name:	Awilda	Mader	-a Carab	a//0	
Participa	nt's Address:	Est. Santa &	Jena Calle	Jaquey 5-16	Guaye	DOI
Participa	nt's Email Address:	+ulipa mader	a e i mai	1.com		
Name of	Counsel:	1000	NA		3.	
Address	of Counsel:	(i)	NIB			=
Email Ad	ldress of Counsel:		N/A			
2.	Participant's	Claim number and	the nature of Par	ticipant's Claim:		
Claim Nu	ımber:	97082			13	3
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United States District Court, Clerks Office 150 Ave. 150





#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 94 of 118

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:		All Control				
Participant's Name:	Arvel	José Av.	let be	bron		2
Participant's Address:	Coul - Miel	1833, calle	voctor	BNAGE	Apto 8,	9.T. 11
Participant's Email Address:	ariely	culet 14 ga	atil. com	•		
Name of Counsel:						
Address of Counsel:						
Email Address of Counsel:	90	personal in				
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By: Signature  Ariel 7066 Aula	tlahrae				S OFFICE	13 PH 3:
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Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Pro se Notices of Participation Page 95 of 118

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Discovery Notice to the court's clark's office Att: 5hm grove, P.D. 00918-1767

# Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 96 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:		
Participant's Name:	Silka Janet Felician	o Ednewarns
Participant's Address:	P. O. BOX 1805	, Coamo, P.R. 0076
Participant's Email Address	511Kajfeliciano Di	gmail.com
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participa	ant's Claim:
Claim Number:	57556	
Nature of Claim:  By: Signature	Employees Retirement of the pure OFRR. ()	common weath Common weath Duerto Ricol
Silka J. telico	uo Echevama	
Print Name  Special educ  Title (if Participant i	s not an individual)	TECEIVED RECEIVED
12-a9-202 Date		A CONTRACTOR OF THE CONTRACTOR
Instructions for Filing Not	ice of Participation. If you are represent	ted by counsel this Notice

The Postal Advess is New The actual is P.O. BOX 1805 Coamo, P.R 00769

P.O.BOX 1805 20000 P.R. 00769

Feliciano Echeraring

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CLERK'S OFFICE
S. DISTRICT COUR:
SAN JUAN, PR

Inited States District Court ler k's Office 150 Ave. Carlos Chardo

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# Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 99 of 118

Participant must provide all of the information below in English:

if any:	contact information, including email address, and that of its counsel,
Participant's Name:	Brunilda Torres Rivera
Participant's Address:	P. D. Box 549, Villalba, P. R. 00766
Participant's Email Address:	torresbruny 9690 gmail. cam
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's 0	Claim number and the nature of Participant's Claim:
Claim Number:	1 0 0 0 0 0 0 0
Nature of Claim:	Law 89 Incentives 5 5
By: Burilda Signature	Jorres Fuera
Brunida T Print Name	orres Rivera =
Title (if Participant is	not an individual)
Quayst 9	, 2D2I.

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CEERK'S OFFICE U.S. DISTRICT COURS SAN JUAN, P.R D. O. Box. 549 Willalba, P. R. 00766

SIGNING THE WAR WILLIAM STORE STATES Lourt's United States Court, Cleark's Office, 150 Ave carlos Chardon Ste. 150,



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#### Case:17-03283-LTS | Doc#:17844-1 | Filed:08/16/21 | Entered:08/16/21 | 12:02:37 | Desc | Pro se Notices of Participation | Page 101 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

HC 3 Box 5 139 Adjustas, PR 00401

Participant's Email Address:

JOSC Cardong 4904 @ gmail com

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

# 50/86 = # 170 957

Nature of Claim:

By:

Clava Martinez Bold

Signature

Clava Martinez Bold

Print Name

Correction Officer

Title (if Participant is not an individual)

August 3, 2021

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PH 3: 10 2021 AUG 13 CLERK'S OFFICE IFS.DISTRICT COURS SAN JUAN P.R.

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150 San Juan P.R. 00918 1767

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# Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 103 of 118

Participant must provide all of the information below in English:

1. Farticipant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Brunilda Koman Acosto
Participant's Address: LR-15 W9 17 Wlater for Garling ongs 3
Participant's Email Address: Brunida 1024 g Mail, Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: Prime Clerk Case No 101-203
Nature of Plains 1 687029 POHacienes quemo la Sel vetio 50/81 falla Le
By: Dula Kiman Hoosta, convensacion del 1980-71989
Signature / / / A Signature
Print Name / /
Maestra Retirate
attle (if Participant is not an individual)
9-08-2021
Date

Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 104 of 118

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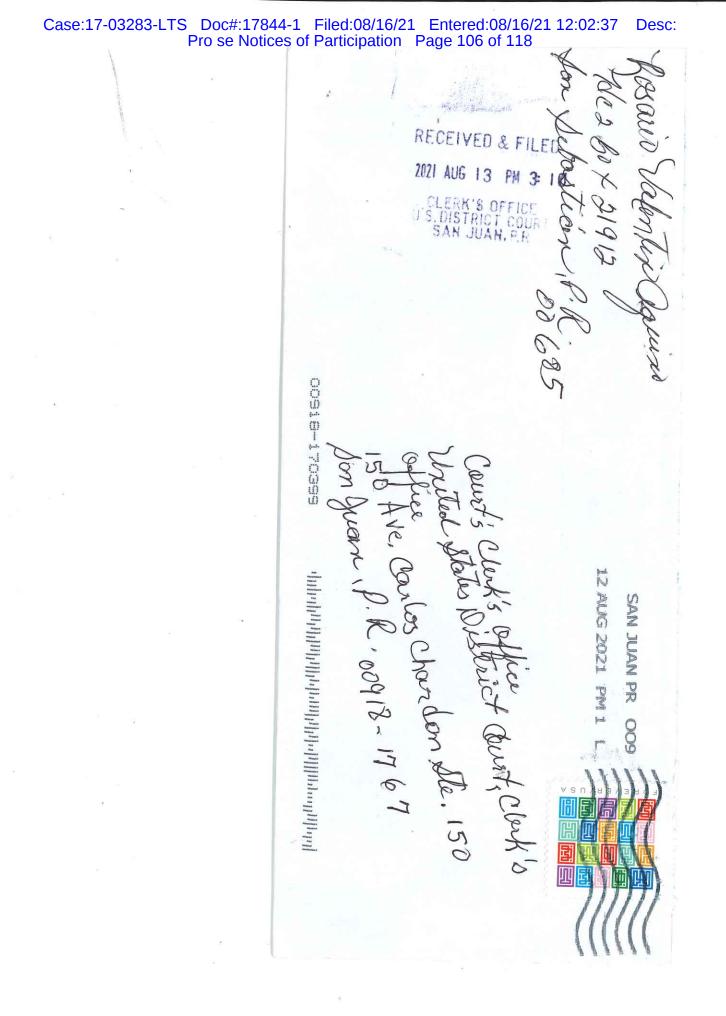
### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 105 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:
Participant's Name: Rosario Valentin Aguino
Participant's Address: HC-02 Box 21912 San Sebastian, P.R. 00685
Participant's Email Address: rosaviovalentin 17 egmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:  8 3 3 7 0  5 pecial Education 54 udent Assistant (Employed Retire)  Nature of Claim:  Union Grievance Public Employee and Pension Retiree  By: Rosario Valentii Organi
Signature  Rosapio Valentin Aquino  Print Name  Special Education Stydent Assistant (Employee Retired)  Title (if Participant is not an individual)
Date ) 20 21
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice



# Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 107 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Martinez Arias

Participant's Email Address:

Martinez Arias

Participant's Email Address:

Martinez Arias

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

# 11032

Nature of Claim:

Participant's Claim number and the nature of Participant's Claim:

Title (if Participant is not an individual)

August 11 2021

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Ste. 150, San Juan, P.R. Ave. Chardon



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Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 109 of 118

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		4 4 5		
Participant's Name:	MArisol,	Aristud)	Rivera	
Participant's Name:  Participant's Address:  Participant's Email Address:	210 Cal	le Las Cu	ievas L	02 Gonzal
Participant's Email Address:	marisolarist	ud@gmail.	om -	0097
Name of Counsel:	nd 5,5 % 13.23	A STATE OF THE STA	. // 100	
Address of Counsel:				
Email Address of Counsel: _				
2. Participant's Cla	im number and the na	ature of Participant'	s Claim:	
Claim Number:	# 145 16	6	4 TA. ' T	
Nature of Claim:	Salarios	inpagos		
By: Jansf a	Pristof R	nero		
Signature  MARI'50/ A	ich. 1 l.		S 2 5	RECEIVED &
Print Name	Trud Alvera			5 3
			CAN SO DE	
Title (if Participant is no	ot an individual)			<b>E</b> 71
agosfo 12 Date	- 2021			
Date*			-	

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CLERK'S OFFICE 2 Apt 210

CLERK'S OFFICE DUS. DISTRICT COUR SAN JUAN P.R. 00976

United States District Court,

clerk's office

150 Ave.

Carlos chardon Ste. 150,

San Juan P.R. 00918-1767

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#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 111 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii any:	a r	
Participant's Name:	Marilyn Juan Montalvo	
Participant's Address:	HC-02 Box 11949 Lajas Rue	vto Rico
Participant's Email Address:	Marilyn 575 Z	@gmail.
Name of Counsel:		
Address of Counsel:		=
Email Address of Counsel:		<u> </u>
2. Participant's C	laim number and the nature of Participant's Claim	RECEIVED
Claim Number:	68305 BASS 3	80
Nature of Claim:	Public employee Etaism	7
By: Mauline	Geon Montalos =	Acres of
Signatute ()  Marilyn	Juan Montalus	- 18
Print Name		
-		
Title (if Participant is r	not an individual)	
11 au	gust 2021	
Date	O .	

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### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc Pro se Notices of Participation Page 113 of 118

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Title (if Participant is not an individual) Date

00918-170399 ste. 150 San Juan P.R. 00 918-1767 12 AUG 2021 PM 1 L SAN JUAN PR 40e.

# Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Desc: Pro se Notices of Participation Page 115 of 118

Participant must provide all of the information below in English:

1. I articipant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: (armen 4. Diaz Carabolo)
Participant's Address: 5HK Caffe 5-8 Cub. Monte Brisas 5
Participant's Email Address: 24/mes 446 Spakes, Com
Name of Counsel:
Address of Counsel: MA
Email Address of Counsel: 7/19
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 156449
Nature of Claim: Empleages Publices & Perpisal jubilieise
By: Carned R-Dix Cample
Signature 8
Print Name
Title (if Participant is not an individual)
Title (if Participant is not an individual)  8/10/2021
Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

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#### Case:17-03283-LTS Doc#:17844-1 Filed:08/16/21 Entered:08/16/21 12:02:37 Pro se Notices of Participation Page 117 of 118

Participant must provide all of the information below in English:

1.

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Carmen L. Díaz Caraballo
Participant's Address: Urh. Monte Brisas & Calle 8 5H5
Participant's Email Address: Pajardo P.K. 2073 Jahov. Com
Name of Counsel: $3/a$ .
Address of Counsel: $\frac{\eta}{a}$ .
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 124866
Nature of Claim: Empleados Publicos y Densin / subilicar
By: Carner L. Din Careball,
Carmen L. Díaz Caraballo 500 00 00
Print Name
Service with the servic
Title (if Participant is not an individual)
8/10/2021
Date

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